

RELINQUISHMENT
In or Out-of-County
(Alleged Natural Father in California)

Complete upper section before sending this form to an out-of-county agency that has been requested to take the annexed relinquishment.

On this _____ day of _____, 20 _____,

the _____
NAME OF AGENCY

hereby signifies its willingness to accept the annexed relinquishment and to accept said minor child for adoption.

By _____
AUTHORIZED AGENCY OFFICIAL

I, _____, having been alleged to be the father of _____,
NAME OF ALLEGED NATURAL FATHER NAME OF CHILD
 a minor _____ child born on _____ in _____ do hereby relinquish
GENDER DATE CITY STATE
 the said child for adoption to _____
NAME OF AGENCY ()
AGENCY ADDRESS TELEPHONE NUMBER

an organization licensed by the California Department of Social Services or authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption.

- ☐ I am not naming the prospective adoptive parent(s) for my child.
- ☐ I am naming the following person(s) as the prospective adoptive parent(s): _____
FULL NAME(S) OF PROSPECTIVE ADOPTIVE PARENTS

If my child is not placed in the home of the named person(s) or my child is removed from the home before the adoption is completed, the agency will notify me. I will have 30 days from the date of the notice to rescind the relinquishment, take no action or select another placement for my child. If I do not rescind the relinquishment within the 30-day period, the agency may place the child in a home that the agency selects.

I fully understand that when this relinquishment is filed with and acknowledged by the the California Department of Social Services, all my rights to the custody, services and earnings of the child and any responsibility for the care and support of the child will be terminated.

DATE

SIGNATURE OF ALLEGED NATURAL FATHER

The foregoing relinquishment was signed on _____ by _____
DATE NAME OF ALLEGED NATURAL FATHER
 in the presence of:

NAME OF WITNESS

SIGNATURE OF WITNESS

NAME OF WITNESS

SIGNATURE OF WITNESS

STATE OF CALIFORNIA)
)
County of _____)

On _____ before me, _____,
NAME OF AUTHORIZED OFFICIAL
 _____ of the _____,
TITLE NAME OF AGENCY

organization licensed by the California Department of Social Services or authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption, personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

SIGNATURE OF AUTHORIZED OFFICIAL